INVOICE

Technical Assistance Services



Invoice Number:	Date:	NYSERDA Purchase Order #:	
Project Title:			
FROM:			
Company Name	Em	nail Address:	
Street Address			
City	State		Zip
TO:			
NYSERDA Project Manager Name			
Total Project Cost: Total I	nvoice Amount:		
Amount Invoiced to Customer:	Invoice Date Range:		
Total Amount Invoiced to Date (including this invoice):			
*Required for 100% cost share projects, otherwise option	onal:		

Please include the following information by Combining PDF Files or Adding information below:

- Staff titles (FlexTech Consultants Only: Titles should align with staff titles used in Exhibit E Rate Schedule)
- Hourly rates, hours worked on each task and dates work was conducted (FlexTech Consultants Only: Rates should align with Exhibit E Rate Schedule)
- Expenses (Include total dollar amount related to expenses for this invoicing period. Attach supporting documentation)
- A copy of the metering equipment/labor invoice(s), if applicable

Date	Staff Title	Rate	Hours	Total \$s	Notes
		Labor Totals			Expenses:

Instructions: Include all tasks as they are written in the NYSERDA Approved Scope of Work. The "% Complete" column represents the amount of work completed on a task at the time the invoice is submitted.

Task Description from NYSERDA Approved Scope of Work	% Complete

